



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Lonestar Neuro Diagnostics

Respondent Name

Pharr San Juan Alamo ISD

MFDR Tracking Number

M4-13-0828

Carrier's Austin Representative

Box Number 01

MFDR Date Received

November 26, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... to date, no payment has been made for this \$2940 workers compensation bill."

Amount in Dispute: \$2940.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Reimbursement for the services in question were initially denied based on an extent of injury dispute that is unresolved, however upon further review, the carrier has been unable to locate proof of filing of the PLN-11 disputing the extent of injury. Therefore, the carrier will be processing the charges in this case for payment."

Response Submitted by: Parker & Associates, L.L.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 15, 2012	Evaluation & Management, new patient (99204-25) Electromyography (95903-59, 95904-59, 95900-59, 95861, A4556, A4215, A4558)	\$2940.00	\$12.51

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 217 – Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement.
 - No additional allowance will be recommended after reconsideration. This claim denied as entitlement to benefits. Not finally adjudicated.
 - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - W3 – Additional payment made on appeal/reconsideration.

Issues

1. Does an extent of injury issue exist for this dispute?
2. Are the insurance carrier's reasons for denial or reduction of payment supported?
3. What is the maximum allowable reimbursement (MAR) for the disputed services?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services on explanation of benefits Re-Evaluation dated August 17, 2012, stating, "NO ADDITIONAL ALLOWANCE WILL BE RECOMMENDED AFTER RECONSIDERATION. THIS CLAIM DENIED AS ENTITLEMENT TO BENEFITS. NO FINALLY ADJUDICATED." However, the insurance carrier did not maintain this denial in its response to the Medical Fee Dispute Resolution Request, stating that "the carrier has been unable to locate proof of filing of the PLN-11 disputing the extent of injury." Therefore, the Division finds that an extent of injury issue does not exist for this dispute.
2. The insurance carrier denied disputed CPT codes 95900-59, 95903-59, 95904-59, and A4215 with claim adjustment reason code 97 – "THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED." 28 Texas Administrative Code §134.203 (b) states,

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

Review of CCI edits for CPT code 95861 finds that CPT codes 95900, 95903, and 95904 are not payable when billed with 95861 performed during the same service. CCI edits for these codes do not allow a modifier to overcome the edit. Therefore, the insurance carrier's reason for denial of these codes is supported.

CPT code A4215 has a Medicare status of X, which is a statutory exclusion. Medicare defines this exclusion as follows:

These codes represent an item or service that is not in the statutory definition of "physician services" for fee schedule payment purposes. No RVUS or payment amounts are shown for these codes, and no payment may be made under the physician fee schedule.

Therefore, the insurance carrier's reason for denial of this code is supported.

3. 28 Texas Administrative Code §134.203 (c) states,

To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83...
- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual

percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...

The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. The Division conversion factor for 2012 is \$54.86.

For CPT code 99204 on May 15, 2012, the relative value (RVU) for work of 2.43 multiplied by the geographic practice cost index (GPCI) for work of 1.000 is 2.430000. The practice expense (PE) RVU of 2.13 multiplied by the PE GPCI of 0.912 is 1.942560. The malpractice (MP) RVU of 0.23 multiplied by the MP GPCI of 0.809 is 0.186070. The sum of 4.558630 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$250.09.

For CPT code 95861 on May 15, 2012, the RVU for work of 1.54 multiplied by the GPCI for work of 1.000 is 1.540000. The PE RVU of 2.68 multiplied by the PE GPCI of 0.912 is 2.444160. The MP RVU of 0.06 multiplied by the MP GPCI of 0.809 is 0.048540. The sum of 4.032700 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$221.23.

28 Texas Administrative Code §134.203 (d) states,

The MAR for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule

For CPT code A4556 on May 15, 2012, the fee listed in the Medicare DMEPOS fee schedule is \$13.05. This fee multiplied by 125% provides a MAR of \$16.31.

For CPT code A4558 on May 15, 2012, the fee listed in the Medicare DMEPOS fee schedule is \$4.97. This fee multiplied by 125% provides a MAR of \$6.21.

4. The total MAR for the disputed services is \$493.84. The insurance carrier paid \$481.33. An additional reimbursement of \$12.51 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$12.51.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$12.51 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	_____
Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	November 3, 2015 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.